

PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT

State Form 50941 (R15 / 10-25)

INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT FUND

One North Capitol Avenue, Suite 001 Indianapolis, IN 46204-2014 Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free) Fax: (866) 591-9441 (Toll-free)

E-mail: questions@inprs.in.gov Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory, and this form cannot be processed without it.

INSTRUCTIONS

This service may not be used in claiming a retirement benefit until payment in full has been made and you have accumulated ten (10) years of service, not including any purchased service.

- 1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS).
- 2. Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

QUALIFICATIONS

<u>IC 5-10.2-3-1.2</u> permits an active member to purchase one year of additional service credit with the Public Employees' Retirement Fund (PERF Hybrid), also referred to as "the Fund", for each five years of PERF Hybrid or Teachers' Retirement Fund (TRF Hybrid)-covered employment.

In order to purchase this credit, you must meet the following criteria:

- 1. You must currently be employed in a PERF Hybrid-covered position.
- You must have at least ten years of PERF Hybrid- or TRF Hybrid-covered employment.

PROCEDURE FOR PURCHASE OF SERVICE					
If you meet these criteria, complete the MEMBER INFORMATION AND AUTHORIZATION section of this form. Your current employer must complete the CURRENT EMPLOYER INFORMATION AND CERTIFICATION section of this form. When both sections are complete, return the form to INPRS at the address on this form. INPRS will calculate the cost of the service and return a purchase agreement to you. If you want to purchase the service, you must complete the agreement and return it to the address on the agreement together with your payment.	If your years	You are			
	At least	Less than	eligible to purchase		
	10	15	2		
	15	20	3		
	20	25	4		
Payment may be made in the form of a trustee-to-trustee transfer, rollover, lump	25	30	5		
sum, or in annual installments for a period not to exceed five years. Any installment shall bear interest at a rate determined by INPRS. Any payments are subject to	30	35	6		
applicable Internal Revenue Code (IRC) limits and the Fund may adjust any payments in a manner necessary to comply with those limits. In addition, INPRS may deny any application for the purchase of additional service credit if the purchase would exceed the limitations under Section 415 of the Internal Revenue Code.	35	40	7		
	40	45	8		
	45	50	9		

DISTRIBUTIONS

If you purchase service and elect to withdraw from PERF Hybrid prior to becoming eligible to receive a monthly benefit, the amount you have paid plus accumulated interest will be distributed to you.

MEMBER INFORMATION AND AUTHORIZATION					
Member name	Social Security number (last 4 digits)		r (last 4 digits)*	Pension ID (PID) number	
Address	Telephone number with area code		Other telephone number with area code		
City	State	ZIP Code	E-mail address		

PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT State Form 50941

Member's name	S	Social Security number (last 4 digits)* Pension ID (F		ID (PID) number	
MEMBER INFORM	ATION AND AL	THORIZATION (Contin	nued)		
Years of service in a PERF Hybrid- or TRF Hybrid-covered position	years			years	
I authorize the release of any and all information as recredit with the Fund.	equested by INPF	RS pertaining to my applica	ation to pu	rchase add	ditional service
Member signature			Date (mm/dd/yyyy)		
The current Internal Revenue Code (IRC) section 41	5(c)(1)(A) after tax	contribution limit is availa	ble from v	vww.irs.go	v. You must
determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)? FAQ on the INPRS website.					
This means that you may not submit a check, or other in one year. The limit is adjusted annually. Refer to \underline{w}			nore than	the IRC 41	5(c)(1)(A) limit
CURRENT EMPLO	YER INFORMA	TION AND CERTIFICA	TION		
NOTE: Base annual salary should be given exclusive of overtime, lump-sum bonuses, travel allowances, etc.					
Employer name	Em	ployer account number	Telepho	ne numbe	r with area code
Employee position title	Dat	e of hire (mm/dd/yyyy)	Employ \$	ee annual	salary
I certify that the employee/member named in this forr	n is employed by	us in a PERF Hybrid-cove	red position	n.	

Authorized agent printed name

Date (mm/dd/yyyy)

Authorized agent signature

INSTRUCTIONS FOR

PUBLIC EMPLOYEES' RETIREMENT FUND (PERF) REQUEST TO PURCHASE ADDITIONAL SERVICE CREDIT

State Form 50941

IMPORTANT

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- 1. Remove the instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS).
- Type or print using black ink. Complete all information and place the Member's name, Social Security number and Pension ID number at the top of each page as requested.
- 3. This completed, signed, and dated form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
- 4. Questions? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

QUALIFICATIONS

IC 5-10.2-3-1.2 permits an active member to purchase one year of additional service credit with the Public Employees' Retirement Fund (PERF Hybrid or "the Fund") for each five years of PERF or Teachers' Retirement Fund (TRF Hybrid)-covered employment.

In order to purchase this credit, you must meet the following criteria:

- 1. You must currently be employed in a PERF Hybrid-covered position.
- 2. You must have at least ten years of PERF Hybrid- or TRF Hybrid-covered employment.

Entry field	Field description			
MEMBER INFORMATION AND AUTHORIZATION				
Member name	Enter the complete name of the member.			
Social Security number*	Enter the last 4 digits of the member's Social Security number.*			
Pension ID (PID) number	Enter the member's Pension ID (PID) number.			
Address, City, State, ZIP Code	Enter the member's mailing address.			
Telephone number/Other telephone number	Enter telephone numbers including area codes for the member.			
E-mail address	Enter the member's e-mail address, if applicable.			
Years of service in PERF- or TRF-covered	Enter the number of years the member has been in a PERF Hybrid- or TRF Hybrid-			
position	covered position			
Years of service credit to be purchased	Enter the number of years of service credit to be purchased that corresponds with			
	the years of service in the table provided on the form.			
Member signature and date	The member must sign and date this section of the form; date format = mm/dd/yyyyy.			

The current IRC section 415(c)(1)(A) after tax contribution limit is available from www.irs.gov. You must determine if this cost is in your allowed limit of post-tax contributions to a 401(a). Refer to the What are the annual compensation limits for all INPRS funds per IRC 401(a)(17)? FAQ on the INPRS website.

This means that you may not submit a check, or other after-tax money, to INPRS in an amount more than the IRC 415(c)(1)(A) limit in one year. The limit is adjusted annually. Refer to www.irs.gov for the appropriate year..

CURRENT EMPLOYER INCORMATION AND CERTIFICATION				
CURRENT EMPLOYER INFORMATION AND CERTIFICATION				
Employer name	Enter the full name of the employer.			
Employer account number	Enter the employer's PERF account number.			
Telephone number with area code	Enter the employer's telephone number with area code.			
Employee position title	Enter the title of the position held by the employee/member.			
Date of hire	Enter the date of hire for the employee/member; date format = mm/dd/yyyy.			
Employee annual salary	Enter the employee's/member's annual salary. The salary must be the base annual			
	salary exclusive of overtime, lump-sum bonuses, travel allowances, etc.			
Authorized agent signature	This form must be signed by the employers' authorized agent.			
Authorized agent printed name	This form must include the printed name of the authorized agent.			
Date	This form must be dated by the employer's authorized agent. Format = mm/dd/yyyy			

HELPFUL INFORMATION					
	INPRS/PERF	INTERNAL REVENUE SERVICE	INDIANA DEPARTMENT OF REVENUE		
	(844) GO-INPRS Toll-free	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local		
Telephone	(844) 464-6777 Toll-free	(800) 829-4477 TeleTax (Toll-free)	(317) 232-8729 Tax questions		
numbers	(866) 591-9441 Fax Toll-free	(800) 829-4059 TDD (hearing impaired) Toll-free	(317) 232-4952 TDD (hearing impaired)		
			(317) 233-2329 Fax		
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor		